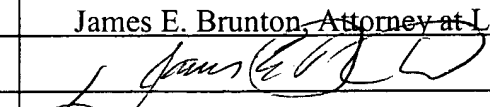
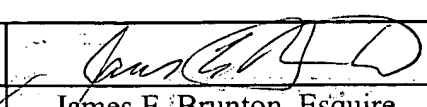
	Application Number	10/751,218
	Filing Date	December 31, 2003
	First Named Inventor	Robert Metcalf
	Art Unit	3617
	Examiner Name	Olson, Lars A.
Total Number of Pages in This Submission		2
Attorney Docket Number		002-54A

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Compromise <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Board <input type="checkbox"/> (Appeal Notice, Brief, Reply Brief) Appeal Communication to TC <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <b>Stamped, self-addressed Return Receipt Postcard</b>
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Firm Name	James E. Brunton, Attorney at Law		
Signature			
Printed name	James E. Brunton, Esquire		
Date	November 28, 2005	Reg. No.	24,321

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Typed or printed name	James E. Brunton, Esquire	Date	November 28, 2005

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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	10/751,218
Filing Date	December 31, 2003
First Named Inventor	Robert Metcalf
Title	"Wake Tower & Method of Making Same."
Art Unit	3617
Examiner Name	Olson, Lars A.
Attorney Docket Number	002-54A

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	11/22/05
Name	Robert Metcalf	Telephone	(818) 504-6888
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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